

Case Docket No. ABGENIX.052A

Date: November 19, 2003

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicant** 

Floege et al.

App. No.

10/665,383

Filed

September 16, 2003

For

METHOD FOR THE

TREATMENT OF NEPHRITIS

**USING ANTI-PDGF-DD** 

**ANTIBODIES** 

Examiner

Not Assigned

Group Art Unit:

Not Assigned

an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on

I hereby certify that this correspondence and all

marked attachments are being deposited with the United States Postal Service as first class mail in

No. 36.516

## TRANSMITTAL LETTER

**COMMISSIONER FOR PATENTS** P.O. Box 1450 Alexandria, VA 22313-1450

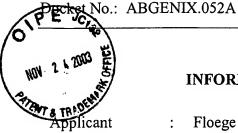
Dear Sir:

Enclosed for filing in the above-identified application are:

- (X) Information Disclosure Statement
- (X) Form PTO-1449 listing one (1) reference which is also enclosed.
- (X) Return prepaid postcard.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment, to Account No. 11-1410.

Registration No. 36,516

Attorney of Record



## INFORMATION DISCLOSURE STATEMENT

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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed is form PTO-1449 listing one (1) reference that is also enclosed.

This Information Disclosure Statement is being filed with an RCE or within three months of the filing date of this application and no fee is required in accordance with 37 C.F.R. § 1.97(b)(1), (b)(2), or (b)(4).

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

By:

Michael L. Fuller

Registration No. 36,516

Attorney of Record

Customer No. 20,995

(619) 235-8550

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT				APPLICANT				
BY APPLICANT				Floege et al.				
(USE SEVERAL SHEETS IF NECESSARY)				FILING DATE September 16, 2003	GROUP Not Assigned			
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U.S. PATENT DOCUMENTS								
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*EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.								